
Questions Answered sort of

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Iowa Affordable Health Care for Small Businesses
and Families Commission

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Questions from last Commission meeting

1. Health care system frustrations
2. Costs of care in Iowa
3. Cost of state-supported insurance expansion
4. Dental insurance

1. Health care system frustrations

Health care system frustrations

- Health care sector not system
 - Have Microsystems
 - VA
- Employer-based health insurance is a benefit
 - Not designed to keep population healthy
 - Leads to underinsured populations
 - Medicaid EPSDT is only insurance product designed to include benefits needed to keep population healthy

Health care system frustrations: underinsured

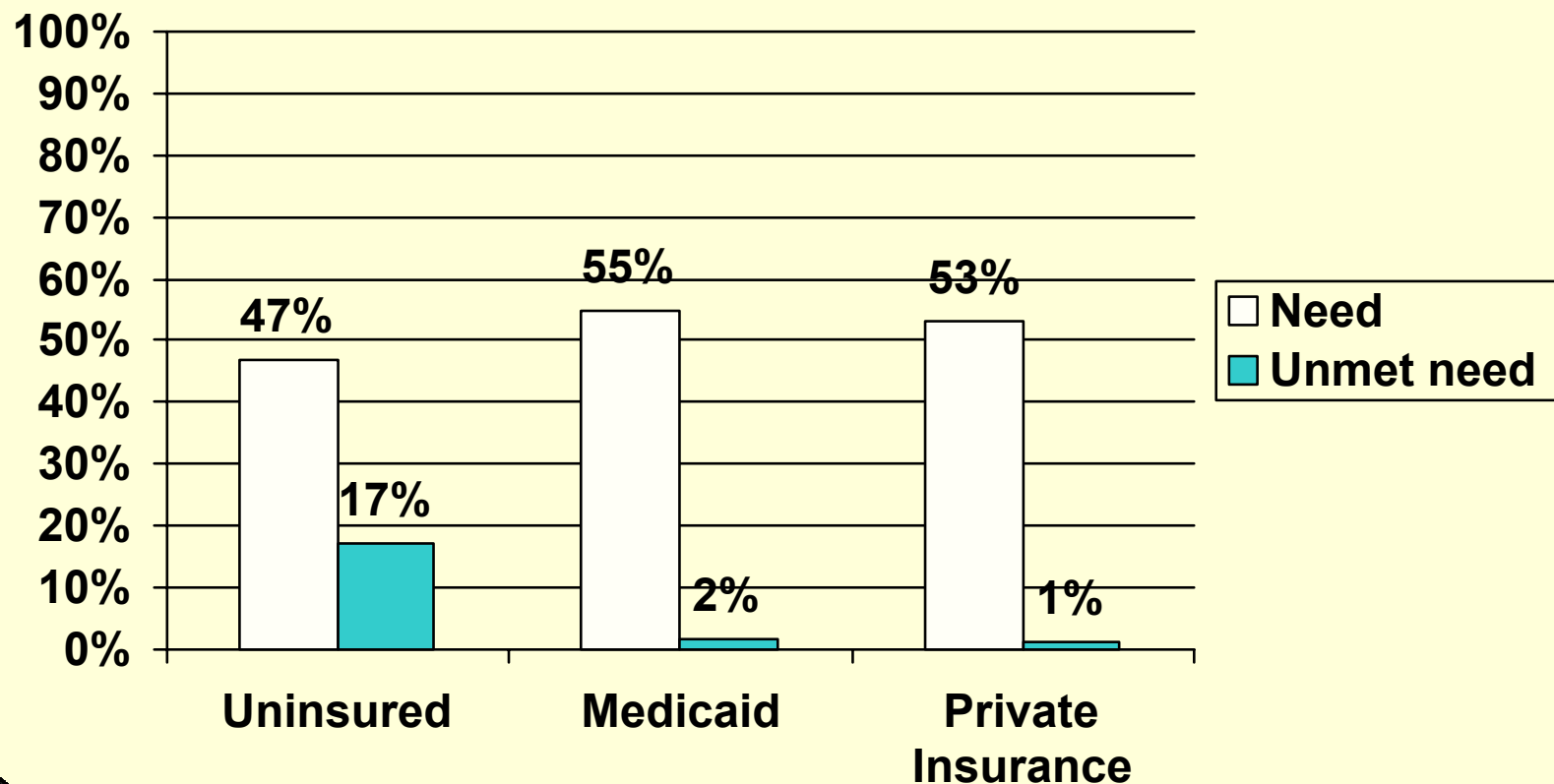
- How to define underinsured:
 - Even with insurance, costs associated with care led to negative impact on health and/or significant financial hardship on family
 - Wouldn't pay for everything I thought it should
- Evaluated in Iowa Household Health Survey for children

Health care system frustrations: underinsured

- How underinsured defined in HHS:
 - Unmet need (stopped from getting care in last year)
 - Problem paying for uncovered services
 - How well insurance meets needs
 - Worry about paying for care (impact on family)

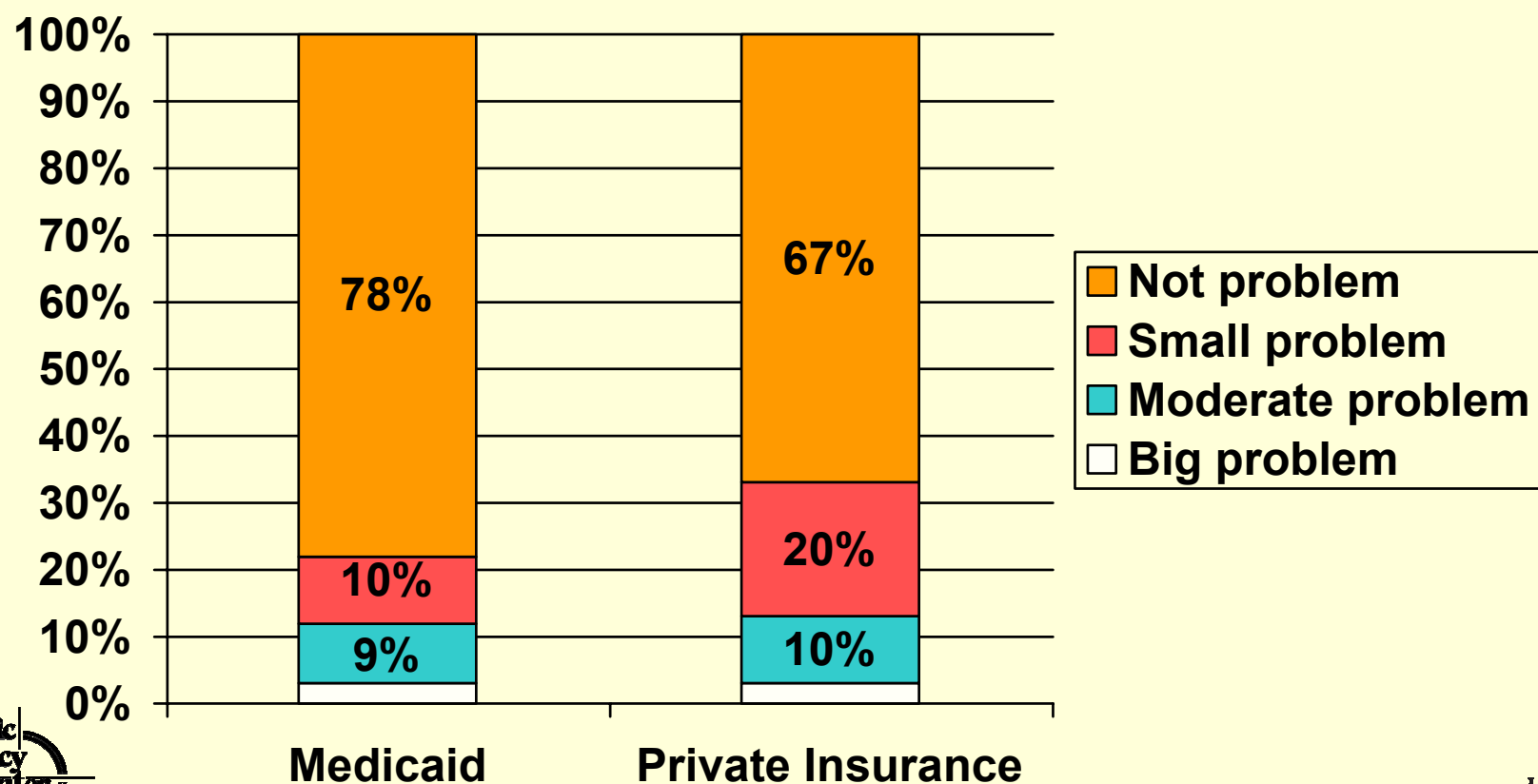
Health care system frustrations:

Unmet need for medical care



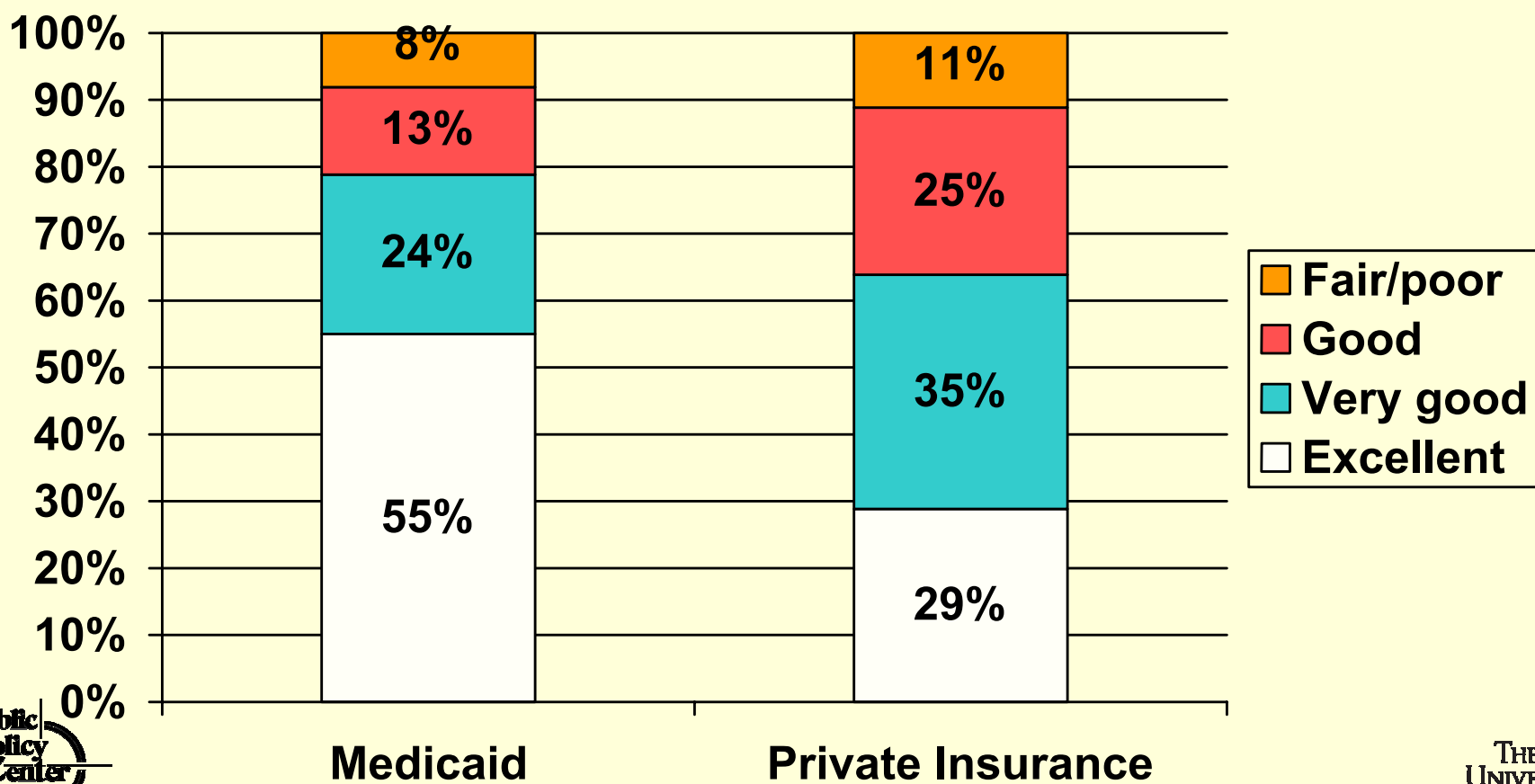
Health care system frustrations:

Problem paying for uncovered services for child



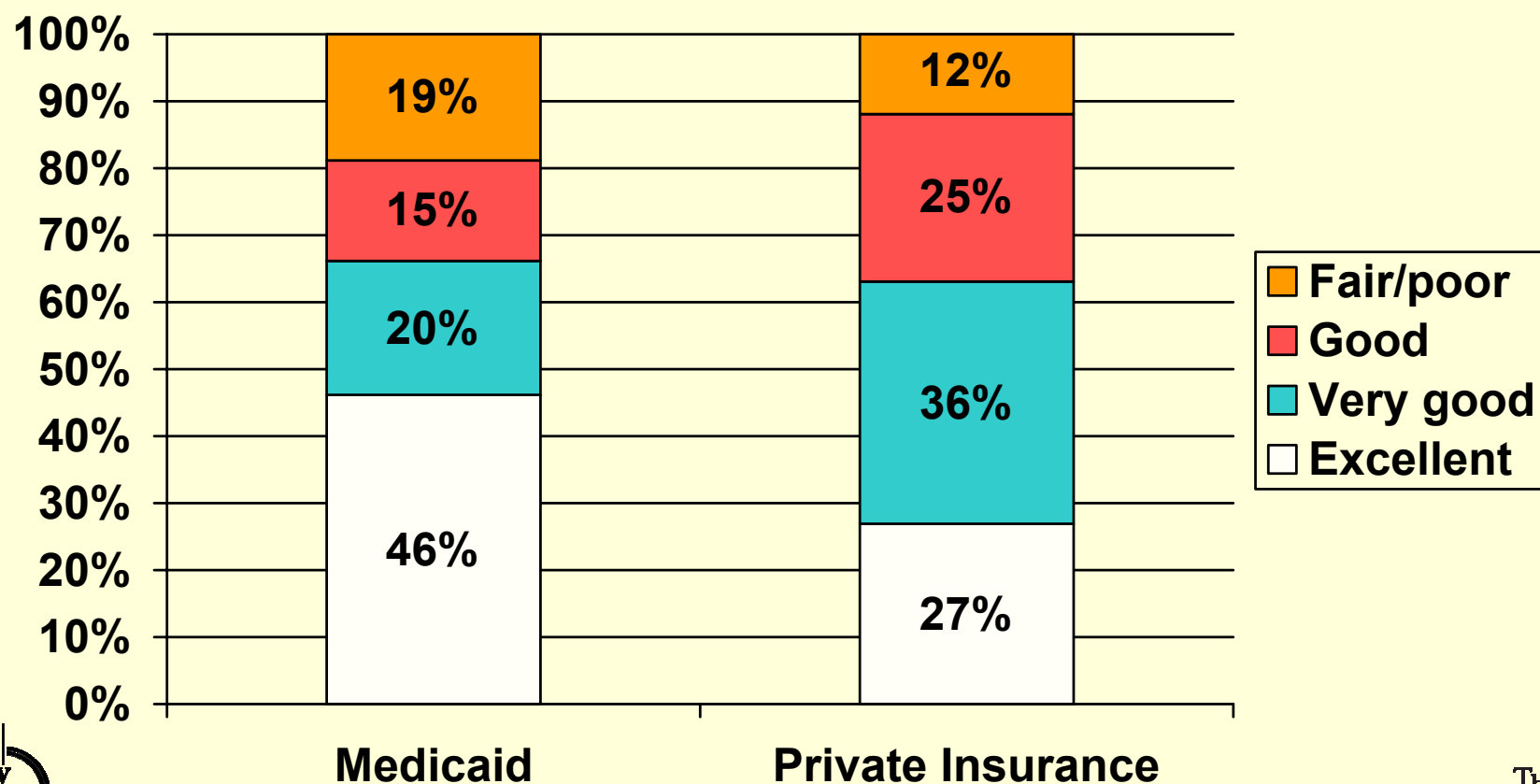
Health care system frustrations:

How well insurance meets child's needs



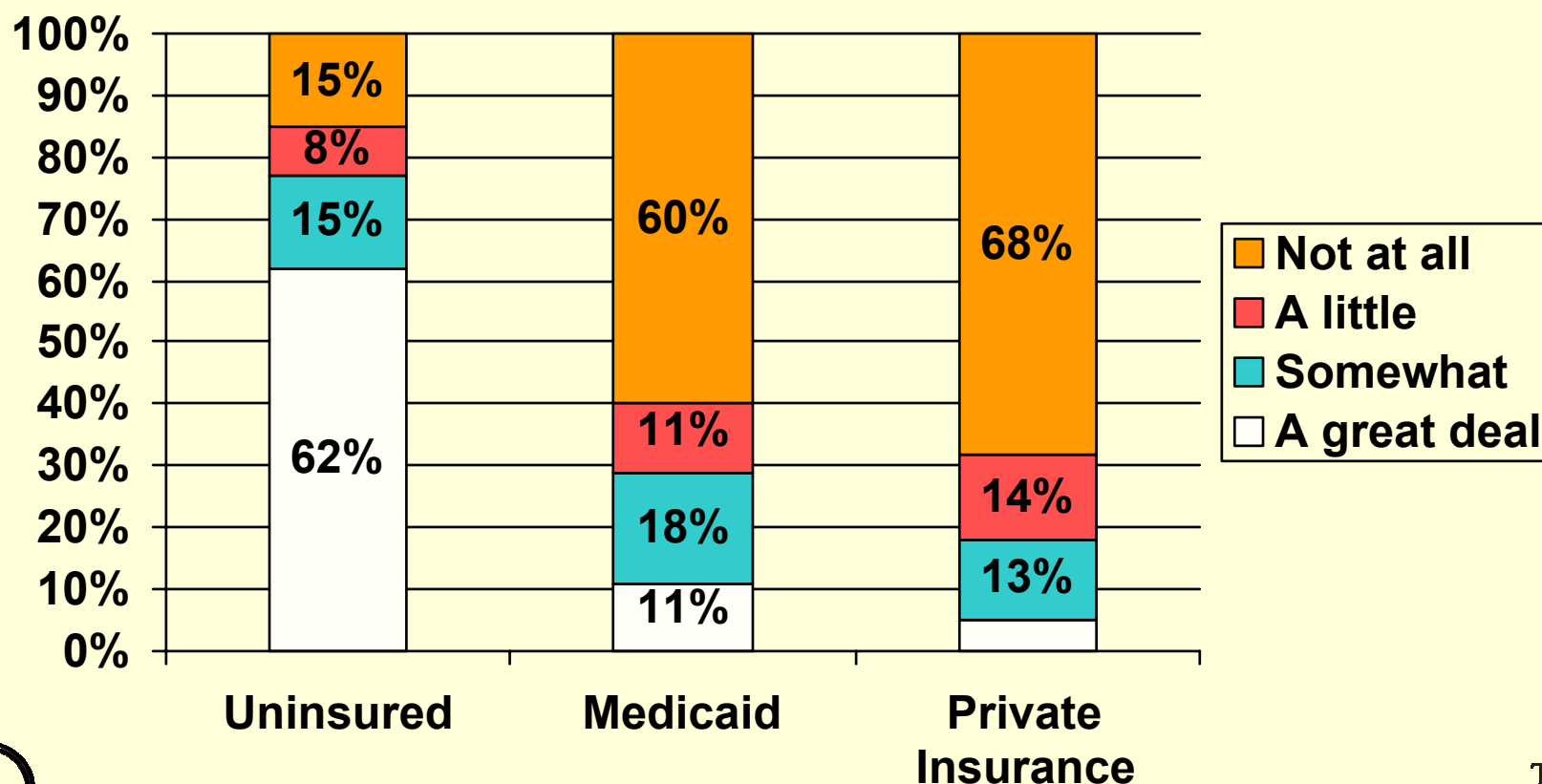
Health care system frustrations:

How well insurance meets parent's needs



Health care system frustrations:

Worry about paying for child's care



Health care system frustrations: Adjustments

1. Medical home

- Attempt to bring together disjointed aspects of a person's care
- Not just a person or place-
 - A way of providing coordinated, comprehensive, prevention-oriented care
 - Changing provider and patient behavior is hard part

2. Electronic medical record

- Attempt to bring together disjointed pieces of information
- Future likely but timeline???

2. Cost of Health Care in Iowa

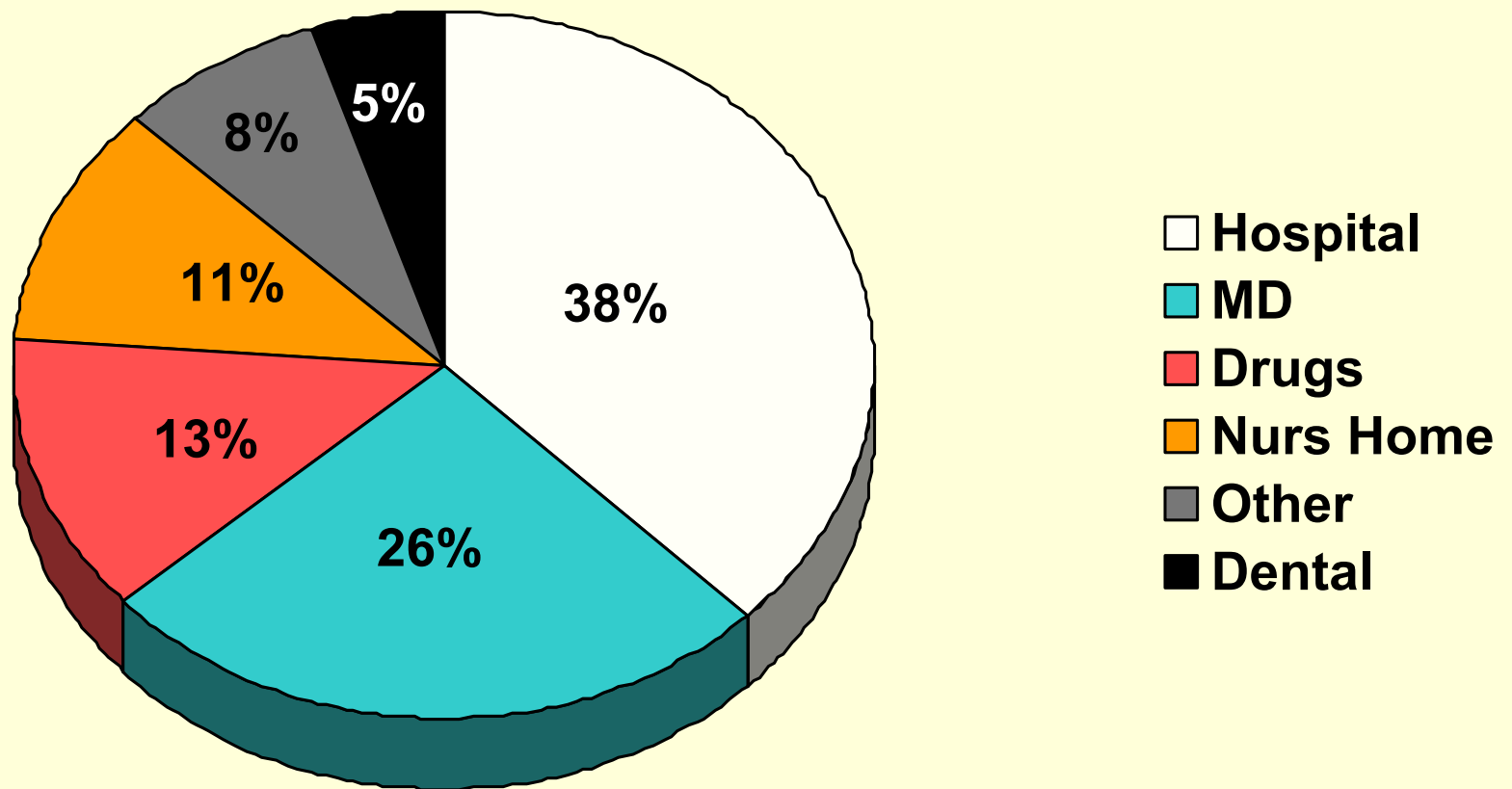
Health care costs in Iowa

- Iowa spends \$15B annually (2004)
 - rank 22
 - California most \$167B
 - Wyoming least \$2B

Iowa state government health care costs

- Iowa spends \$2.7B annually (2003)
 - rank 18
 - New York most \$46B
 - Wyoming least \$800M

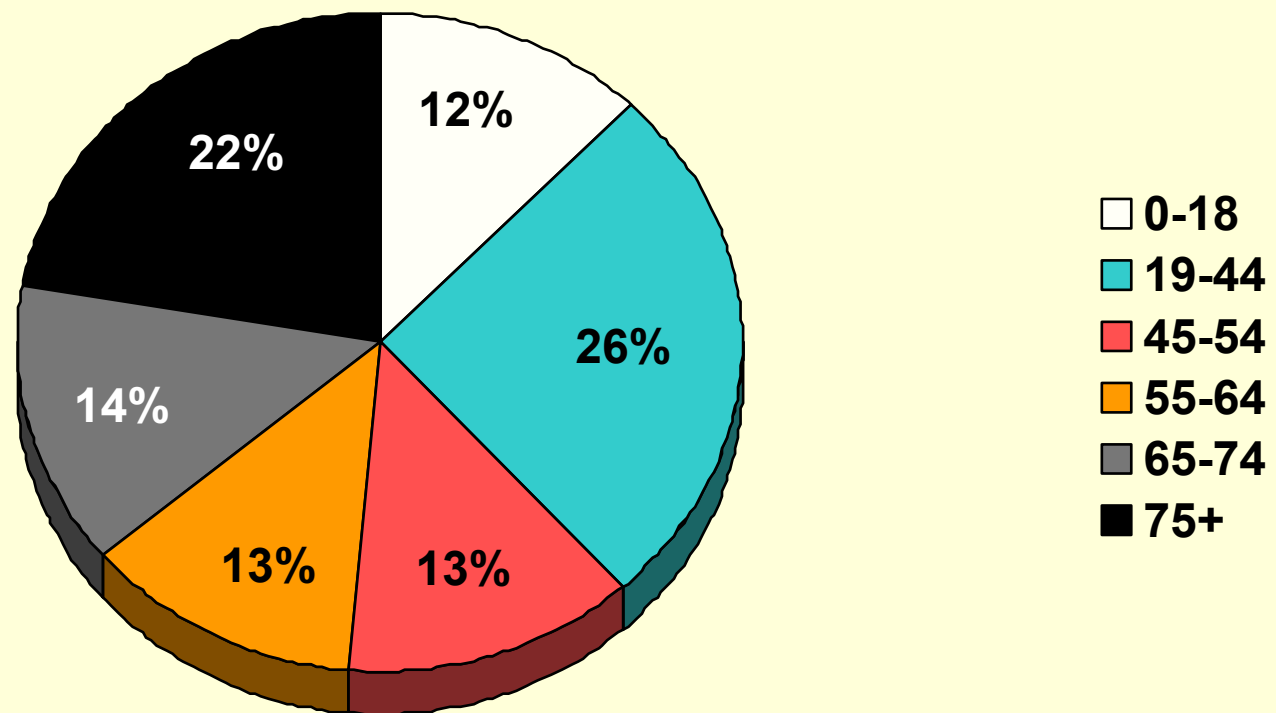
Iowa Health Care Spending by Sector



US: Average Spending per person

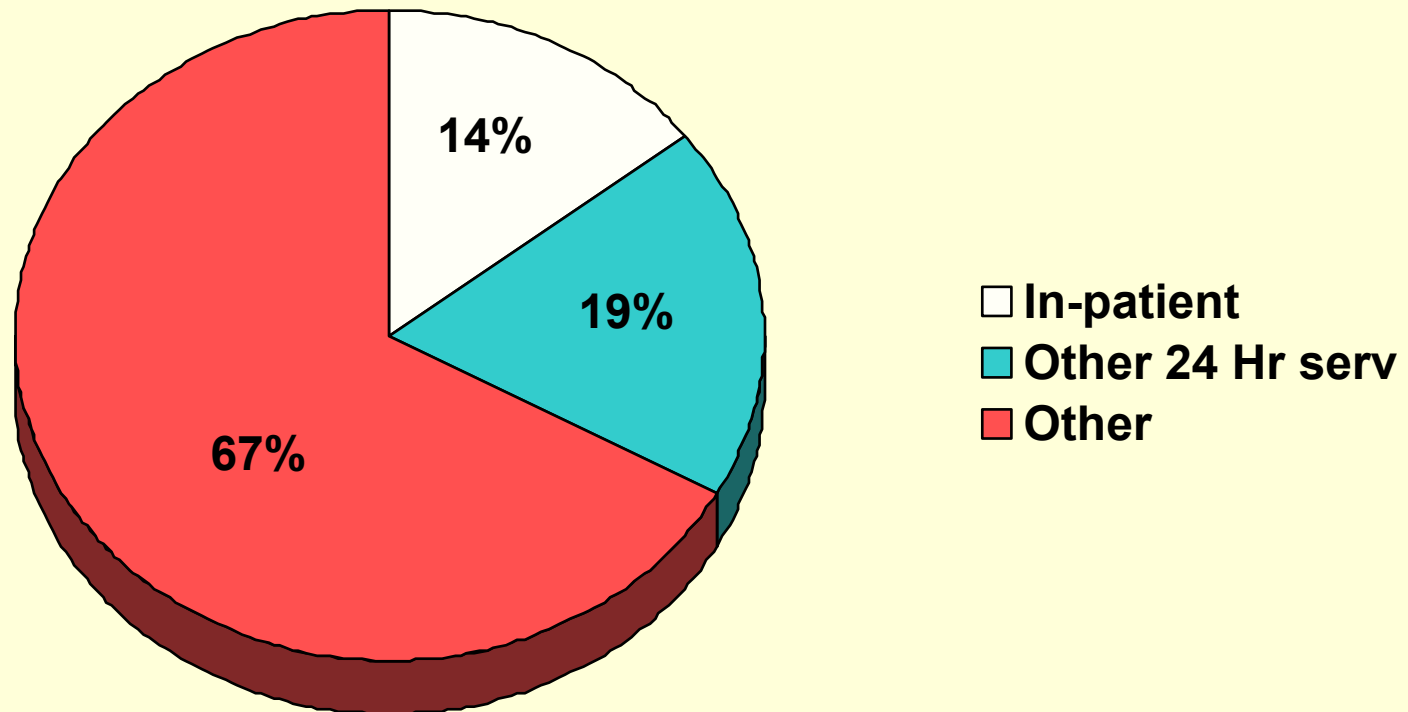
Age	
<5	\$1245
5-17	\$1108
18-24	\$1282
25-44	\$2277
45-64	\$4647
65+	\$8647
Sex	
Male	\$2836
Female	\$3715

US: Health care costs by age



Iowa mental health costs

Total Mental health spending 2003: \$217-225M
(defined as State Mental Health Agency costs)



3. Cost of State-subsidized health insurance expansion options

Cost of state-subsidized health insurance expansion options

1. Covering more children in Medicaid/hawk-I
2. Covering more parents in Medicaid
3. Subsidized employer-based options

Option 1: Covering more children in Medicaid/*hawk-i*

	Medicaid <100% FPL	Medicaid 101%-133% FPL	<i>hawk-i</i> 134%-200% FPL
# of kids	16,000	5,000	11,000
Costs	Total: \$32M Federal: \$19M State: \$13M	Total: \$11M Federal: \$8M State: \$3M	Total: \$25M Federal: \$18M State: \$7M

Option 2: Covering more parents in Medicaid

	Medicaid <100% FPL	Medicaid 101%-133% FPL
# of parents with kids in Medicaid	31,000	20,000
Costs	Total: \$128M Federal: \$79M State: \$49M	Total: \$81M Federal: \$50M State: \$31M

Option 3: Employer based options for subsidizing individuals

1. Tax credit based on size of firm (under 25)
 - 150,000 eligible, 120,000 now uninsured
 - 40,000 would agree to participate, 32,000 new
 - \$17 million
2. Subsidized insurance product
 - State subsidizes highest cost employees (reinsurance-cost of \$3 million for 11,000 people)

4. Dental insurance in Iowa

Dental insurance and dental home proposal in Iowa

1. Children's dental insurance in Iowa
 - 2005 Iowa Child and Family Household Health Survey
2. I-Smile dental home proposal

Iowa: Children's dental insurance

- 20% of children dentally uninsured
 - 25% in 2000
- Lower income children more likely to have insurance
 - 16% uninsured

Iowa: Dentally uninsured children

- Uninsured more likely to have unmet dental need
 - 11% vs 2% w/PI vs 6% Medicaid
 - Less likely to have annual visit (self report)
 - 69% vs 85% w/PI vs 69% Medicaid
 - Medicaid 45% use from claims data (over age 3)
 - Less likely to have regular source
 - 85% vs 95% w/PI vs 83% Medicaid

I-Smile Dental Proposal



HF 841(IowaCare Act 2005):

By July 1, 2008, every Medicaid recipient who is a child 12 years of age or less must have a designated dental home.

- Contains no funds and no specifics on how this will be accomplished

The I-Smile program: 4 objectives

1. Improve the dental support system for families
2. Improve the dental Medicaid program
3. Implement recruitment and retention strategies for underserved areas
4. Integrate dental services into rural and critical access hospitals

I-Smile Dental Proposal: Rational

- About 45 percent of all children enrolled in Medicaid have a dental visit during a year
- Low-income children are most at-risk for severe and untreated decay
- Early preventive dental services has shown significant cost savings
 - Treatment of severe decay for children ages 0-3 can require hospitalization costing from \$2,000-\$5,000.
- Tooth decay can be prevented; prevention must begin at an early age

I-Smile Dental Proposal: Rational

- Dentists are reluctant to accept Medicaid-enrolled patients due to low reimbursement and perceived poor dental appointment compliance.
- Too few dentists in many parts of Iowa, particularly in lower-income and rural parts of the state
 - 79 counties are estimated to be designated dental shortage areas.
- Many dental practices are very busy and do not accept *any* new patients
- Many general dentists are uncomfortable or unwilling to see children under age three.

I-Smile: Improve access to dental home

- Contract with a familiar dental insurance carrier to improve dentist participation in Medicaid,
 - similar to successful program in Michigan
- Create a dental screening code and specific reimbursement for physicians
- Allow reimbursement for oral screening and fluoride application by non-dental providers
- Reinstate coverage of periodontal services to adult dental Medicaid enrollees

I-Smile: Improve support for families

- Provide funding to local Title V Child Health (CH) agencies to increase dental program infrastructure
- Increase funding to strengthen the state Title V CH database system for tracking patient care coordination and appointment
- Fund public oral health education and promotion
- Fund training programs and create mandatory continuing education requirements for dental and other healthcare providers regarding children's oral health

I-Smile: Recruit/retain providers

- Create a dentist/dental hygienist student-loan repayment program to increase the dental workforce in 79 county shortage areas

I-Smile: Rural hospitals

- Work with rural hospitals to develop dental clinics

I-Smile: Last Legislative Session

- HF 909–DHS transformation account in partnership with Iowa Medicaid Enterprise
 - State allocated \$1.2M to support Title V clinics
 - Leveraged additional \$200,000 federal funds
 - Hired a dental hygienist associated with each of the 23 Child Health Agencies to provide health education, preventive services and coordinate with local dentists/physicians
 - No funds allocated for other objectives
 - Insurance carve-out discussed but not funded

Further gaps in knowledge

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